

**DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)**

**Title of Invention** ASEPTIC EYEDROPPER AND METHOD FOR ITS USE

As the below named inventor(s), I/we declare that:

This declaration is directed to:

- ☒ The attached application, or  
☐ Application No. , filed on ,  
☐ as amended on \_\_\_\_\_ (if applicable);

I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;

I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;

I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.63, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

All statements made herein of my/our own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.

**FULL NAME OF INVENTOR(S)**

Inventor 1 JONATHAN H. CRESS, M.D. Date: 8-25-03

Signature: *Jonathan H. Cress, M.D.* Citizen of: United States

Inventor 2 \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Inventor 3 \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

Inventor 4 \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Citizen of: \_\_\_\_\_

☐ Additional inventors are being named on additional form(s) attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</b>	<b>Application Number</b>	
	<b>Filing Date</b>	
	<b>First Named Inventor</b>	Jonathan Cross
	<b>Title</b>	ASEPTIC EYEDROPPER AND METHOD FOR ITS USE
	<b>Att Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	012093-000000US

I hereby appoint:

☒ Practitioners at Customer Number **20350**  
OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	ZIP	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/BB/01).

SIGNATURE of Applicant or Assignee of Record

<b>Name</b>	Jonathan Cross
<b>Signature</b>	<i>Jonathan Cross</i>
<b>Date</b>	8-25-03
<b>Telephone</b>	508-427-1830

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of \_\_\_\_\_ forms are submitted.